

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 588180

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3	2			1		
4	1			1		
5	0			1		
6	0			1		
7	0			1		
8			1			
9	1			1		
10	1		1			
11	3			1		
12	1			1		
13	0					
14	1					
15	0			1		
16	0			1		
17	0			1		
18	0			1		
19	1			1		
20	1			1		
21	2			1		
22	1			1		
23	0			1		
24	0			1		
25	0			1		
26	0			1		
27						
28						
29						
30				1		
31				1		
32				1		
33			1			
34			1			
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47						
48						
49						
50						
TOTAL IND.	4		6			
TOTAL DEP.	26	←	26	←		←
TOTAL CLAIMS	30		32			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						